



The Safety Corner

From the Marine Corps Center for Lessons Learned
27 April 2007



Suicide Prevention Follow-Up

This issue of the Safety Corner is a follow-up based on numerous comments received concerning our previous Safety Corner.

In this Issue:

[Welcome from the Director](#)

[Common Misconceptions
about Suicide](#)

[Web Feedback](#)

From the Director: The MCCLL Safety Corner dated 23 March 2007, *Suicide Prevention*, provided information concerning suicide causes and prevention. The Marine Corps must address the reality of suicide and implement strategies to reduce the stigma associated with seeking help. It is important never to take suicide warning signs lightly. Understanding and recognizing the signs is the responsibility of all leaders. You could be the turning point that prevents someone from engaging in suicidal behavior with permanent consequences.

Due to the volume of feedback we received, additional information is provided in this Corner on suicide prevention, along with some of the feedback comments we received back from Marines. The many comments we received on the previous Safety Corner are evidence of the importance that Marines of all ranks place on the safety and well-being of their fellow Marines.

Log on to www.mccll.usmc.mil to download previous editions of the Marine Corps Center for Lessons Learned Safety Corner as well as our Monthly Newsletters.

I look forward to your comments, observations, and concerns.

Semper Fidelis,

Col Monte Dunard, Director MCCLL

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Hard facts: 17 Jan thru 30 Mar FY07

17 Jan - Cpl seen for depression; 21 Jan - Pfc suicidal gestures; 22 Jan - Lcpl committed suicide by hanging himself; 27 Feb - Pfc self inflicted laceration to both wrist; 14 Mar - Pfc found in car with affixation material and sleeping pills; 14 Mar - Cpl displayed suicidal ideation overdose of pills; 9 Mar - Cpl expressed thoughts of hurting himself

For More Information About Suicide

For immediate help. A toll-free number is available 24 hours a day, every day: 1-800-273-TALK (8255). You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about. **All calls are confidential.**

Resources for Leaders and Marines

The Leaders Guide for Managing Marines in Distress (WWW.usmc-mccs.org/leadersguide)

Military OneSource www.militaryonesource.com 1-800-342-9647 can put a Marine in touch with a counselor in five rings



Did You Know

- More people die from suicide than from homicide.
- Suicide rates among the elderly are highest for those who are divorced or widowed.
- For young people 15-24 years old, suicide is the third leading cause of death.
- 80% of people that seek treatment for depression are treated successfully.

Use the HQMC's website to glean best practice ideas to enhance your command suicide awareness program. Engage the services of the local community in providing speakers for stand-downs such as medical personnel, etc. <http://www.usmc-mccs.org/suicideprevent/index.cfm?=-ml>

The article on page 3 of the 23 March Safety Corner, "The War Comes Home: Rifleman Couldn't Take Any More" was written by M.L. Lyke and published in the Aug 13, 2004, Seattle Post Intelligencer Newspaper.

The observations and recommendations contained in The Marine Corps Center for Lessons Learned (MCCLL) Safety Corner represent the considered judgment of Marines who have identified safety issues in their units. The purpose of this newsletter is to apprise other Marines of these safety recommendations and to encourage them to enter their own lessons into the Marine Corps Lessons Management System (LMS).



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The following are common misconceptions about suicide

1. "People who talk about suicide won't really do it." **Not True**

Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," -- no matter how casually or jokingly said may indicate serious suicidal feelings.

2. "Anyone who tries to kill him/herself must be crazy." **Not True**

Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

3. "If a person is determined to kill him/herself, nothing is going to stop him/her." **Not True**

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

4. "People who commit suicide are people who were unwilling to seek help." **Not True**

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

5. "Talking about suicide may give someone the idea." **Not True**

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true -- bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Web Feedback

I felt that I should respond to the e-mail that I received about suicide awareness. What the e-mail stated is true. "Suicide is something we would all rather not have to talk about and deal with personally. But looking back on my 27 years in the Marine Corps unfortunately there have been several occasions when suicides have happened at my base or with a sister unit. I would caution everyone to not think this is something that happens to others and ignore the potential threat." I just experienced this first hand; 1. I was here at MALS-26 when the Gunny checked out his 9mm and killed himself leaving behind a family. 2. I was on Recruiting Duty for 4 years and I know how legitimate the threat of suicide is within the Corps, with no one being immune (trust me). 3. There was a group of 5 of us that used to hang together in High School. One of the five committed suicide when I was 17.

Lastly, I just had my childhood and lifelong friend and his mother, both commit suicide 3 weeks ago. I lived with them most of the time since the 7th grade. They were as close or closer to me than my own blood. It is a pain that cannot be described, especially, when you had feelings that didn't stand out to you until after the fact. As tough as we are we all know life goes on.

There is not a day that goes by that I don't have it cross my mind. It hasn't been long, but you feel a certain burden of wondering if you could have made the difference. It felt like losing a brother and a mother at the same time. I sent this e-mail so hopefully some one knows that their all hands safety e-mail was read, and they are correct in what they said. I'll never take suicide prevention lightly, nor will I let the Marines that I work with.

One suggestion is to have the unit Chaplains visit the barracks after normal working hours to walk through the barracks and talk to the Marines. This is not only a relationship builder, but allows a trained professional to see who may be having stress related problems. Also, open a channel(s) through the LINKS/Key Wives (officer and enlisted) to identify potential challenges with married Marines so proactive steps can be taken when stress related behaviors arise and can not be worked out at the family level. Concerned and engaged leadership is the key!

I was sitting at my computer when I received this e-mail about safety lessons learned. I had to ensure all the Marines in my shop received this e-mail so they can read it as an impromptu class on safety. This is a great idea. Keep it up. The article on suicide was captivating to my 23 year old and below Marines, It was well written, and It will make them aware of their surroundings a little more.

While I applaud your latest newsletter's theme, the content leaves a lot to be desired, as the words ring hollow. Plenty of news sources let us know that the services are belligerent to any member suffering from PTSD or suicidal thoughts. The content of the newsletter keeps stressing that the MC "needs to be supportive." Actually, if the MC (and other services) were really serious about this, it would be made very clear that any one in charge found to discourage a subordinate from getting help will be perused and punished - then do it! That's commitment; touchy feely words ("needs to be supportive") don't mean a thing.

Thank you for getting the word out on suicide with some tools and information to back it up. I am the Training and Standardization Officer for our Air Traffic Control section and have unfortunately dealt with suicide from an up close and personal perspective. I will incorporate your lessons learned into my training schedule and again make it a point to stress that Marines taking care of each other is what separates us from everyone else.



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Web Feedback (Continued)

As a 32-year manpower Marine in my 7th year and third organization as a G-1, I have drafted or reviewed far too many personnel casualty reports on suicides and suicide attempts. My personal belief is that the culture of the Marine Corps has been and continues to be one where Marines perceive a negative effect to their career for asking for help for emotional issues and other personal problems. Until we can convince the Marines that seeking assistance will have no negative consequences, we will continue to lose Marines that otherwise might reach out to us for help. Not all of this is on the Marine Corps. Our warrior culture is such that many Marines join with attitudes that perceive individual strength as all-important and asking for help as a sign of weakness. It makes them great for combat but primed for personal problems. We can't be expected to completely alter attitudes brought from on by their service with the Marines. Changes must be made in comments on fitness reports and the policy for the inclusion of material in the medical record and OMPF pertaining to personal problems and resulting recommendations for promotion, assignment, and retention so that total privacy is respected and repercussions nonexistent. For example, at Parris Island, in the event that Marines are referred to MHU as a result of an interview with a military medical provider reviewing the PDHRA, the command will not be told that they are referred unless they fail to make and attend an appointment with MHU within 30 days of the referral. This assures the Marine of privacy and no repercussions while ensuring that they seek appropriate counseling; win-win for the Marine and the command.

I returned from deployment recently and this is the first MCCLL mail I have received. I absolutely endorse the info flow concept your department has come up with. I think the format of this memo was right on the mark. It will captivate the young warrior's attention long enough to get the message across. The story associated with suicide awareness/prevention will certainly touch a nerve with many Marines/Sailors that have had the same experiences as the Marine in the article. If we want to get the message out, it has to be delivered in a manner it will be received. I think you have put the thinking caps on and come out with a great concept! Thanks for not thinking or acting like dinosaurs... I have been accused of it from time to time.

I, respectfully request to share my personal lessons learned. I feel in many, if not most, cases suicide is not a conscience decision. It is driven by overwhelming stress related to circumstance balanced by a lack of coping skills. I tried to kill myself last year.... Prior to my attempt; I never understood how someone could even consider taking one's own life, at least in my case; now I know. It's not always consciously premeditated but is the result of depression.

I have to agree that suicide potential is out there due to stresses in life, family matters, and an ex-girlfriend. Everyone is at risk, but knowing how to refrain from going down that road or that mind state is up to the individual. The Marine Corps is a stressful branch in the service (probably the most) but I believe it makes us stronger at heart. There isn't really much you can do to help a person who's suicidal but talk to them and find out what's eating at them and try to help them in the best way you can. **[This Marine got it partly correct in that everyone is at risk, but demonstrates untrue beliefs that we as leaders must check ourselves on. We must know our Marines and take the necessary action. -editor].**

From my own personal experience, in my battle with Depression and PTSD, I noticed the reactions of my co-workers. There were very few that generally cared about my well being. The majority of my co-workers would take my comments of suicide and of not wanting to live as a joke. The few that did care encouraged me to talk to someone. So I called and now I am seeing a Psychologist and Psychiatrist through the Mental Health Division. Which, let me say, isn't the best treatment. I have been seeing them for about three months now and I have talked to three different Psychologists and am now starting to see my second Psychiatrist. In short, the way the military deals with suicide and even depression is still way behind the civilian world. Even though someone wants help or needs help the avenues for getting that help are hard to go down because of criticism and the lack of good help. **[This is one feedback we shared because it highlights suicide as a leadership issue—editor]**

IF YOU THINK SOMEONE IS SUICIDAL

1. Do not leave him or her alone.
2. Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or call 911.
3. Eliminate access to firearms or other potential tools for suicide, including unsupervised access to medications.

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